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APR 13 1981

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

CO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator  
MESA PETROLEUM CO. ✓Address  
1000 VAUGHN BUILDING/MIDLAND, TX 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name SALT FEDERAL	Well No. 1	Pool Name, including Formation <del>UNDESIGNATED ABO</del> <i>W. Pecos Slope - Abo Gas</i>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. NM 23264
Location Unit Letter <u>N</u> : <u>1980</u> Feet From The <u>WEST</u> Line and <u>660</u> Feet From The <u>SOUTH</u> Line of Section <u>8</u> Township <u>8 SOUTH</u> Range <u>23 EAST</u> , NMPM, <u>CHAVES</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> KOCH OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P O BOX 1558 BRECKENRIDGE TX 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TRANSWESTERN PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P O BOX 2018 ROSWELL NM 88201					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 8	Twp. 8	Rge. 23	Is gas actually connected? NO <i>yes</i>	When 6-19-81

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 11-18-80	Date Compl. Ready to Prod. 3-30-81		Total Depth 3500'		P.B.T.D. 3441'			
Elevations (DF, RKB, RT, GR, etc.) 4106.7' GR	Name of Producing Formation ABO		Top Oil/Gas Pay 2918'		Tubing Depth 3003'			
Perforations 2918'---3052'					Depth Casing Shoe 3500'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	930'	200/500/200
7 7/8"	4 1/2"	3500'	900/350

TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

*Post ID-3  
KOC  
Add 6-26-81*

## GAS WELL

Actual Prod. Test-MCF/D 504	Length of Test 2 HOURS	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (psia, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 1015	Casing Pressure (Shut-in) 1020	Choke Size -

## I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

XC: NMOCD (6), TLS, MEC, PARTNERS, MAH, ROSWELL, GEN, RCDs, ACCTG, D&amp;M, LMC, TW, KOCH, FILE

*R. E. Matheson*  
(Signature)

REGULATORY COORDINATOR

(Title)

APRIL 9, 1981

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 26 1981, 19BY *Mark Williams*

OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completions.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

JUN 25 1981

O. C. D.  
ARTESIA, OFFICE

AIR MAIL

NOTICE OF GAS CONNECTION

DATE June 23, 1981

This is to notify the Oil Conservation Division that connection for the  
purchase of gas from the Mesa Petroleum Company ✓

Operator

Salt-Federal

Lease

Well #1 - Unit Letter <sup>N</sup>~~unknown~~

Well Unit

8-8S-23E, Chaves County

S.T.R.

~~Wildcat~~ (Abo)

Pool

Transwestern

Name of purchaser

was made on June 19, 1981

Transwestern Pipeline Company

Company



H.N. Aicklen

Representative

Supervisor Gas Purchase Contract Administration

Title

cc: Operator  
Oil Conservation Division - Santa Fe